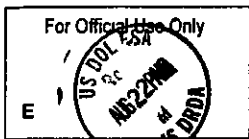


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>12448</u>	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Michael G Coll P O Box Bldg Room No if any Street 5940 West Montrose Avenue City Chicago State Illinois ZIP Code +4 60634-1628	4 Name file number and address of labor organization Name Teamsters Local Union No 727 Labor Organization File Number 034-268 P O Box Building and Room Number if any Street 5940 West Montrose Avenue City Chicago State Illinois ZIP Code +4 60634-1628
5 Position in labor organization President	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code +4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed Michael G. Coll.

On 8/15/2005
Date

(773) 685-0340

Telephone Number

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name BlueCross BlueShield of Illinois Trade Name if any P O Box Bldg Room No if any Street 300 East Randolph Street City Chicago State Illinois ZIP Code + 4 60601 5099	9 Business deals with a Labor Organization <input checked="" type="checkbox"/> b Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Teamsters Local 727 Health and Welfare Fund Trade Name if any P O Box Bldg Room No if any Street 5940 West Montrose Avenue City Chicago State Illinois ZIP Code + 4 60634 1628	11 a Nature of such dealing PPO Network Provider
	11 b Approximate dollar value of such dealing
	12 a Nature of interest held or income received Meal on 5/17/04
12 b Amount \$133	

Part B Continuation Page


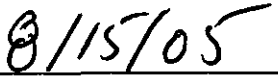
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name Jacobs Burns Orlove Stanton & Hernandez Trade Name if any P O Box Bldg Room No if any Suite 1720 Street 122 S Michigan Avenue City Chicago State Illinois ZIP Code + 4 60603-6145	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Teamsters Local 727 Benefit Funds Trade Name if any P O Box Bldg Room No if any Street 5940 West Montrose Avenue City Chicago State Illinois ZIP Code + 4 60634-1628	11 a Nature of such dealing Legal Services
	11 b Approximate dollar value of such dealing
	12 a Nature of interest held or income received Christmas box of chocolates 12 b Amount \$30

Michael G Coli
File number U-
Ending reporting period 12/31/04

Attachment applicable to Item 15

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted.

	
Signature	Date